

TENNESSEE BOARD OF PHARMACY DEPARTMENT OF COMMERCE AND INSURANCE

500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243-1149 (615) 741-2718 OR FAX (615) 741-2722 www.state.tn.us/commerce/boards/pharmacy

RESEARCHER/DOG HANDLER APPLICATION

Name as it should appear on license:		(Complete if different)
Mailing Address :	Physical Address	
Name of Principal Researcher:		
Telephone:		
TYPE OF ACTIVITY ☐ Scientific research ☐ Ch	nemical analysis Training of [Detection Animals
Type of Drugs (check all types which the applicant proportion of Drugs (s) in Schedule I, II, Drug(s).	oses to handle: _ III, IV, V, and/or No	n-Controlled Substance Legend
Will the applicant be administering or dispensing drugs to ☐ Yes ☐ No If yes, protocol must have spen of selecting humans.	o human subjects? ecific provisions for safe administra	ation or dispensing, and method
ATTACHMENTS: (Check below and submit items with the Fee in the amount of \$60.00 (Fee must accompany of application form submitted to DEAD Detailed protocol, which must include not papers - protocol must be typed on separate Resume'of person in charge of research (That the applicant or, if the applicant is a corporation, as proprietor been convicted of a felony in connection law, or ever had a license or registration revoked, sulletter or explanation	ccompany application.) A ame & quantity of each drug to late sheet of paper) To ensure qualifications of research association, partnership or other er with legend drugs or controlled su	ther) htity, has any officer, partner, or
I,, do solem that the information in the foregoing paragraphs is true a	anly swear and affirm that I have point of my knowledge.	ersonally completed this form, and edge.
	(Signature of Applicant)	
Sworn to and subscribed before me this	_ day of 20 _	·
	(Notary Public)	
FOR BOARD OFFICE USE ONLY DATES: Received Sent to Health Dept. Received from. Health Dept	APPROVED BY THE DEPARTMENT OF F	E COMMISSIONER OF THE HEALTH:
Licenseu	(Signature)	Date



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DO NOT WRITE OR TYPE ON THIS SAMPLE FORM. A COMPLETE PROTOCOL MUST BE TYPED ON A SEPARATE SHEET OF PAPER.

SAMPLE PROTOCOL

I.TITLE OF PROJECT

II.STATEMENT OF PURPOSE

III.NAME AND AMOUNT OF CONTROLLED SUBSTANCE (dosage & total amount)

IV.DETAILED DESCRIPTION OF RESEARCH

V.DETAILED DESCRIPTION OF STORAGE OF CONTROLLED SUBSTANCE (Including proposed total quantities to be stored and process for removal from storage)

VI.SECURITY (Researchers, all categories, please include this section)

All controlled substances should be secured in a vault depending on the type and amount of drug. Please contact you local DEA Office for exact details for vault requirements.

DOG HANDLERS

- 1. Complete sections 1-4 of the sample protocol
- 2. The primary custodian will insure that a sufficient number of training aids are available for continuous training. He will insure that the training aids are changed periodically to keep aids fresh and serviceable. A maximum of 150 grams of marijuana and ten grams of heroin per day is authorized to be maintained for training purposes.
- 3. The primary custodian will initiate a procurement request for all drugs required for training aids.
- Upon receiving a new supply of controlled substances, the custodian will weigh drugs and enter into the controlled substances log book and secure substances in vault.
- Issuance of Training Aids:
 - a. When training aids are checked out and returned, they will be removed and returned from and to the vault by an authorized individual and the following entries made in the controlled substances training log: Only aids required for daily training will be removed form the vault.
 - i. Date
 - ii. Time
 - iii. Destination
 - iv. Weight of Aid
 - v. Signature of Individual Receiving Aid
 - vi. Signature of Individual Issuing Aide